

2009 Rates for Medical, Dental and Vision plans for active employees and COBRA participants

| Plan Name | Employee Amount Bi-weekly | Employer Amount Bi-weekly | COBRA Amount Monthly |
|-------------------------|--------------------------------------|--------------------------------------|---------------------------------|
| Medical | | | |
| Platinum: Family | \$349.28 | \$357.85 | \$1,442.55 |
| Employee Plus 1 | \$259.97 | \$266.37 | \$1,073.73 |
| Employee Only | \$118.92 | \$167.96 | \$585.24 |
| Gold: Family | \$239.57 | \$357.85 | \$1,218.74 |
| Employee Plus 1 | \$178.31 | \$266.37 | \$907.15 |
| Employee Only | \$74.42 | \$167.96 | \$494.46 |
| Silver: Family | \$202.42 | \$357.85 | \$1,142.95 |
| Employee Plus 1 | \$150.65 | \$266.37 | \$850.72 |
| Employee Only | \$59.34 | \$167.96 | \$463.69 |
| Bronze: Family | \$162.95 | \$357.85 | \$1,062.43 |
| Employee Plus 1 | \$121.28 | \$266.37 | \$790.81 |
| Employee Only | \$43.33 | \$167.96 | \$431.03 |
| HDHP: Family | \$146.39 | \$357.85 | \$1,028.65 |
| Employee Plus 1 | \$108.95 | \$266.37 | \$765.65 |
| Employee Only | \$36.61 | \$167.96 | \$417.32 |
| Dental | | | |
| Family | \$45.45 | \$17.23 | \$127.87 |
| Single | \$12.54 | \$4.32 | \$34.39 |
| Vision | | | |
| Plan A: Family | \$7.70 | n/a | \$15.71 |
| Single | \$2.86 | n/a | \$5.83 |
| Plan B: Family | \$8.70 | n/a | \$17.75 |
| Single | \$3.36 | n/a | \$6.85 |
| Plan C: Family | \$9.48 | n/a | \$19.34 |
| Single | \$3.53 | n/a | \$7.20 |